

MINUTES

Patient-Centered Health Advisory Council

Polk County River Place
Friday, February 10th, 2017
9:30 – 3:00

Members Present

Chris Atchison- *University of Iowa College of Public Health*
Larry Carl (for Melissa Bernhardt)- *Iowa Dental Association*
Judith Collins- *Iowa Nurses Association*
Anna Coppola- *Community Advocate*
Chris Espersen- *Independent Healthcare Consultant*
Leah McWilliams- *Iowa Osteopathic Medical Association*
Linda Meyers- *Dental Hygienist*
Brenda Payne- *Iowa Psychological Association*
Susan Pike- *IA Chapter of American Academy of Pediatrics*
Kady Reese- *Iowa Healthcare Collaborative*
John Swegle- *Iowa Pharmacy Association*

Members Absent

Charles Bruner- *Child and Family Policy Center*
David Carlyle- *Iowa Academy of Family Physicians*
Marsha Collins- *Iowa Physician Assistant Association*
Sarah Dixon- *Iowa Collaborative Safety Net Network*
Ro Foege- *Consumer*
Anne Hytrek- *Iowa Academy of Nutrition and Dietetics*
Petra Lamfers- *Iowa Nurses Association*
Tom Newton- *Wellmark*
Patty Quinlisk- *State Epidemiologist*
Trina Radske-Suchan- *YMCA of Central Iowa*
Peter Reiter- *Internal Medicine*
Bill Stumpf- *Disabilities Advocate/Consumer*
Dave Smith- *Iowa Department of Human Services*
John Stites- *Iowa Chiropractic Society*

Others Present

Abby Less- *Iowa Department of Public Health*
Angie Doyle Scar- *Iowa Department of Public Health*
Annie Uetz- *Polk County Health Services*
Anthony Pudlo- *Iowa Pharmacy Association*
Ashley Quick- *Iowa Healthcare Collaborative*
Beth Riha- *Iowa Healthcare Collaborative*
Deb Kazmerzak- *Independent Consultant*
Flora Schmidt- *Iowa Behavioral Health Association*
Gloria Symons- *Mid-Iowa Community Action Health Services*
Jon Rosmann- *SafetyNetRx*
Kala Shipley- *Iowa Department of Public Health*
Kathy Karn- *Iowa Department of Public Health*
Kelsey Clark- *Lupus Foundation of America, Iowa Chapter*
Lettie Prell- *Iowa Department of Corrections*
Megan Wilshusen- *Iowa Healthcare Collaborative*
Michelle Holst- *Iowa Department of Public Health*
Katie McBurney- *Iowa Department of Public Health*
Ruth Hardin- *Crossroads of Iowa*
Sandi Hurtado-Peters- *Iowa Department of Management*
Sarah Derr- *Iowa Pharmacy Association*
Sheryl Marshall- *Telligen*
Sylvia Navin- *Iowa Department of Public Health*
Tanya McAninch- *Iowa Department of Human Services*

***Patient-Centered Health Advisory Council Website:**
<http://idph.iowa.gov/ohct/advisory-council>

Meeting Materials - Agenda

- [House Study Bill 25](#)
- [IDPH 2017 Session Omnibus Bill- Memo](#)
- [Comparison of Key Repeal and Replace Proposals- Manatt](#)
- [NASHP-ACA Repeal Impacts Chart](#)
- [Iowa's Statewide Strategic Plans- PPT](#)
- [Care Coordination Statewide Strategy](#)
- [Diabetes Statewide Strategy](#)
- [Healthcare Associated Infections Statewide Strategy](#)
- [Medication Safety Statewide Strategy](#)
- [Obesity Statewide Strategy](#)
- [Obstetrical Care Statewide Strategy](#)
- [Person and Family Engagement Statewide Strategy](#)
- [Tobacco Statewide Strategy](#)
- [Iowa Department of Corrections Position Paper](#)
- [Therapeutic Alternatives to Incarceration- Polk County Health Services PPT](#)
- [SafetyNetRx Pharmaceutical Safety Net Programs- PPT](#)
- [Crossroads of Iowa- Trauma Flyer](#)
- [RWJF- A New Way to Talk About Social Determinants of Health](#)

Topic	Discussion
<p>Legislative Discussion</p> <p>Angie Doyle Scar Council Discussion</p> <p><i>Handouts:</i></p> <ul style="list-style-type: none"> • House Study Bill 25 • IDPH 2017 Session Omnibus Bill- Memo 	<p><u>Legislative Discussion</u></p> <ul style="list-style-type: none"> • The language describing the work of the Patient-Centered Health Advisory Council can be found on page 2 of House Study Bill 25. This updated code language better aligns with the current scope of work of the Council. • The Council had formerly been working under House File 2539 (created in 2008) which established two separate councils- one focusing on medical homes and the other on prevention and chronic care management. Eventually, legislation combined the two councils, but kept the medical home code and directed the Council to incorporate the prevention and chronic care management work. That legislative language was heavily focused on patient-centered medical home certification. The medical home concept has continuously evolved over the years and national certification standards have been released and modified numerous times. The Council was very cautious not to limit movement in the development of medical homes in Iowa by forcing adherence to what could be restrictive or outdated administrative rules requiring a specific certification process. • The language in House Study Bill 25 formalizes the name of the Council as the “Patient-Centered Health Advisory Council” and lists the new responsibilities of the Council: <ul style="list-style-type: none"> ○ To serve as a resource on emerging health care transformation initiatives in Iowa. ○ To convene stakeholders in Iowa to streamline efforts that support state-level and community-level integration and focus on reducing fragmentation of the health care system. ○ To encourage partnerships and synergy between community health care partners in the state who are working on new system-level models to provide better health care at lower costs by focusing on shifting from volume-based to value-based health care. ○ To lead discussions on the transformation of the health care system to a patient-centered infrastructure that integrates and coordinates services and supports to address social determinants of health and to meet population health goals. ○ To provide a venue for education and information gathering for stakeholders and interested parties to learn about emerging health care initiatives across the state. ○ To develop recommendations for submission to the department related to health care transformation issues. • In a subcommittee meeting for the bill, a number of stakeholder organizations asked to be added to the membership of the Council, including palliative care. An update on this will be provided at the next Council meeting. • Larry Carl, with the Iowa Dental Association, commented that House Study Bill 25 removes the definition of dental health and removes language that indicates any activities for medical home must be coordinated with the dental home. The Iowa Dental Association would like to see this language remain in statute. <p><u>Social Determinants of Health</u></p> <ul style="list-style-type: none"> • The Social Determinants of Health Issue Brief includes an overarching recommendation around social determinants of health: “The Council supports the integration of social determinants of health as the standard of care in Iowa and supports policies, programs and initiatives aimed to address social determinants of health and promote health equity.” An addendum to the issue brief will be created that will include a running list of additional recommendations around social determinants of health that are more concrete and tangible. Another addendum to the issue brief will be created to list programs in Iowa that address social determinants of health. • “A New Way to Talk About Social Determinants of Health” was a document created by the Robert Wood Johnson Foundation a number of years ago. It has been mentioned recently at numerous meetings, therefore was included as a handout for the Council to revisit and be aware of as we continue to focus on social determinants of health. The document provides guidance on how to message social determinants of health including best practices in language and choosing words.

<p>Iowa's Statewide Strategies</p> <p>Kady Reese – Iowa Healthcare Collaborative</p> <p><i>PowerPoint:</i></p> <ul style="list-style-type: none"> • Iowa's Statewide Strategic Plans- PPT <p><i>Handouts:</i></p> <ul style="list-style-type: none"> • Care Coordination Statewide Strategy • Diabetes Statewide Strategy • Healthcare Associated Infections Statewide Strategy • Medication Safety Statewide Strategy • Obesity Statewide Strategy • Obstetrical Care Statewide Strategy • Person and Family Engagement Statewide Strategy • Tobacco Statewide Strategy 	<ul style="list-style-type: none"> • A number of Iowa Statewide Strategic Plans have been developed which are consensus and guidance documents outlining goals and actions to address an identified priority health issue, promote alignment of resources and efforts, and advance the health and wellness of Iowans. • The Statewide Strategic Plans are created by a multi-stakeholder, multi-disciplinary task force. They are designed to establish a statewide standard of care and are working documents that will be reviewed on a continuous basis and modified as needed. They can be used as a template for community-led approaches. An example of community application is through the State Innovation Model (SIM) initiative and giving the Community Care Coalition (C3) communities these strategies as guidance when addressing different health topics. • The development of the Statewide Strategic Plans started in 2010 with Palliative Care (IPOST) and Cardiovascular and Stroke. Since then, Diabetes, Medication Safety, Obstetrics, and Healthcare-Associated Infections have been developed. Developed in 2016 were Tobacco, Obesity, Care Coordination, Person and Family Engagement, and Social Determinants of Health (in development). In 2017, a Falls Prevention Statewide Strategic Plan will be developed. • Iowa Healthcare Collaborative staff attended the national CMS Quality Conference with over 3,000 attendees, and Iowa's Statewide Strategies were referenced as best practice examples. • All of the Statewide Strategy documents utilize a consistent framework, including mission statement, vision statement, goals, objectives, and tactics. The documents are intended to build upon and support one another. • Once the Social Determinants of Health Statewide Strategy is finalized, the Patient-Centered Health Advisory Council will receive a copy and will go over it in more detail at future meeting. • Feedback from the Patient-Centered Health Advisory Council is encouraged regarding the identification of gaps and suggestions of additional statewide strategic plans. Council members are also encouraged to share these Statewide Strategies with their partners. • Kelsey Clark commented about the importance of educating professionals, and mentioned boards of certification and continuing education organizations as examples of venues for education. Kady Reese mentioned medical schools as a crucial venue as well. • Susan Pike asked about the data collection process. Kady Reese replied that data collection is an ongoing process and they are currently conducting an environmental scan of data available.
<p>Iowa Department of Corrections</p> <p>Letti Prell - Iowa Department of Corrections</p> <p><i>Handout:</i></p> <ul style="list-style-type: none"> • Iowa Department of Corrections Position Paper 	<ul style="list-style-type: none"> • The Iowa Department of Corrections (IDOC) started out the presentation by giving some statistics. Around 57 percent of those in Iowa prisons have a chronic mental health diagnosis. About 33 percent have a serious mental illness, and another 24 percent have some other chronic mental health diagnosis. Offenders with mental health diagnosis are more likely to return to prison. The number one diagnosis is chronic substance use disorder. A main barrier is that corrections and mental health treatment providers do not know which medications incoming offenders with mental illness are taking or should be taking. The result is delays in treating offenders while new medication assessments are made. • The Central Pharmacy Pilot Project was described. Currently, offenders who leave the prison system are given a 30-day supply of medications, which is often not long enough for an offender to establish a source of continuous medication therapy. For offenders with behavioral health disorders, discontinuing many types of psychiatric medications can lead to the underlying illness no longer being under control, an outcome of which could lead to the individual reoffending. To address the short-term behavioral health medication needs of released offenders, a pilot project with the Iowa Department of Corrections Central Pharmacy was launched on April 1, 2013. The project provides up to 90 days of behavioral health prescription drug coverage for offenders released from an IDOC prison facility. • The Mental Health Information Sharing Program was also described, which helps eliminate duplication of work, reduces waiting time for information, and expedites an offender's treatment which may include potentially critical medication. If an individual admitted to prison indicates they have received services from Eyerly Ball, a process is initiated to sign a release of information using an electronic signature pad. Once signed, a secure exchange from the IDOC medical database to Eyerly Ball's medical database is initiated to request an offender's medical information, requiring no human interaction. When the system finds a patient match, it automatically sends back the Continuity of Care Document, which updates the IDOC medical

	<p>database. The same process works if Eyerly Ball is making the requests to IDOC. While the exchange is currently between IDOC and Eyerly Ball, there is the potential to expand to other community mental health providers in Iowa.</p> <ul style="list-style-type: none"> • IDOC has partnered with the National Alliance on Mental Illness (NAMI) to develop a peer mentoring program. • Judith Collins commented that many people with a mental health diagnosis have been traumatized as young children. This relates to the Adverse Childhood Experiences (ACEs). • Kelsey Clark mentioned Community Connections Supporting Reentry, which is a training program that brings together corrections staff and community providers to connect with each other and learn about the services and systems that support individuals reentering the community after incarceration.
<p>Therapeutic Alternatives to Incarceration</p> <p>Annie Uetz - Polk County Health Services</p> <p>PowerPoint:</p> <ul style="list-style-type: none"> • Therapeutic Alternatives to Incarceration- Polk County Health Services PPT 	<ul style="list-style-type: none"> • Polk County Health Services coordinates services to Polk County residents around mental health, intellectual disability, developmental disability, and substance abuse. • A learning community has been developed called the Iowa Therapeutic Alternatives to Incarceration Coalition that meets quarterly to discuss alternatives to institutionalization and innovative practices. Subcommittees for the coalition include Education, Post Booking Diversion, and Pre-Booking. • Crisis Intervention Team Training is a training program for law enforcement that brings together mental health providers, hospital emergency departments, law enforcement, and individuals with mental illness and their families to improve responses to people in crisis. The training program enhances communication, identifies mental health resources for assisting people in crisis and ensures that officers get the training and support that they need. • The main barriers identified by the Iowa Therapeutic Alternatives to Incarceration Coalition include: <ul style="list-style-type: none"> ○ Creating a common goal/direction among all stakeholders ○ Lack of adequate and accessible crisis services ○ Lack of adequate, comprehensive and accessible community-based services • A number of services are available in Polk County, including: <ul style="list-style-type: none"> ○ Jail Diversion- a program aimed to prevent or minimize the number of mentally ill individuals in jail by providing supportive services during incarceration followed by community-based treatment upon release. ○ Mobil Crisis Response Team- provides short term crisis management for individuals experiencing a mental health crisis. It is a collaborative effort where registered psychiatric nurses and mental health professionals are dispatched at the request of law enforcement. ○ Crisis Stabilization Center- a short-term, intensive, community-based treatment program with home-like atmosphere that is designed for adults who are experiencing a crisis related to a mental health condition. Individuals can stay from anywhere from 5-90 days and the goal is to stabilize and restore them to an improved quality of life so that they can return to the community with an increased level of functioning. ○ Crisis Observation Center- a resource available to individuals of any income where they can have a safe place to stay for up to 23 hours. The service assists individuals who are experiencing a mental health crisis which cannot be resolved at home, but does not require hospital level of care. Any individual, age 18 or older, experiencing a mental health crisis may present to the Crisis Observation Center for assessment. A multi-disciplinary team, consisting of registered nurses, licensed clinical professionals, and care coordinators will meet with the individual to identify presenting issues and obstacles and to assist with discharge planning and referrals. • The Stepping Up Initiative is a national initiative to reduce the number of people with mental illness in jails. In Iowa, 32 counties have joined the initiative. The initiative offers technical assistance including resources/toolkits and a National Summit in April 2016. An Iowa Summit is currently being planned. • The Data Driven Justice Initiative was launched by the Obama Administration in June 2016 to use data-driven strategies to divert low-level offenders with mental illness out of the criminal justice system and change approaches to pre-trial incarceration, so that low-risk offenders no

	<p>longer stay in jail simply because they cannot afford a bond. These innovative strategies, which have measurably reduced jail populations in several communities, help stabilize individuals and families, better serve communities, and often save money in the process. Iowa was chosen to trial a pre-trial risk assessment. Currently, if an individual is charged, they get a set bond. Some low-risk offenders receive a \$100 bond, and cannot afford to pay that. On the other hand, there are high-risk individuals who have a higher bond, but have the means to afford their bond. The pre-trial risk assessment would set the bond according to the individual's risk to the community verses the crime committed.</p> <ul style="list-style-type: none"> • The SOAR Program is assistance in applying for Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI). The SSI/SSDI application process can be complicated and difficult to navigate, particularly for people who are homeless or who are returning to the community from institutions (jails, prisons or hospitals). For those who have a mental illness and/or substance use issues, the application process poses an even greater challenge. • Sobering Centers are a new approach toward addressing problems with intoxicated individuals on the streets. Individuals go to the Sobering Center instead of jail, and after they are sober have the opportunity to receive treatment services.
<p>SafetyNetRx Pharmaceutical Safety Net Programs to Address Recidivism</p> <p>Jon Rosmann - <i>SafetyNetRx</i></p> <p><i>PowerPoint:</i></p> <ul style="list-style-type: none"> • SafetyNetRx Pharmaceutical Safety Net Programs- PPT 	<ul style="list-style-type: none"> • SafetyNetRx (formerly the Iowa Prescription Drug Corporation) was established in 2001 to provide pharmaceutical access to Iowans who cannot afford prescription drugs. The program serves Iowa's safety net patients who are uninsured or underinsured Iowans with incomes 200 percent of the Federal Poverty Level (FPL) or below. • The 10 most populated counties in Iowa average 2,300 people per day in total within the jail system. Last year, Polk County discharged 20,000 people. To effectively reduce the rates of recidivism in Polk County, offenders identified as having a mental illness should be targeted. In the Polk County Jail, 25 percent of inmates, those potentially having a mental illness, accounted for 44 percent of all bookings. • Regarding access to prescriptions, individuals released from prison are given a 30-day supply of all current medications upon release. County jails provide no supply at the time of release. This does not provide an adequate amount of time for the individual to locate and be evaluated by a medical provider to receive a new prescription, and establish financial and medical assistance. Additionally, the average waiting period to see a behavioral health provider in Polk County is 80-100 days. In rural shortage areas this waiting period is longer. • SafetyNetRx has a County Jail Behavioral Health Medication Assistance Program where any individual released from a county jail located in Polk, Dallas, Story, Pottawattamie, or Black Hawk counties, who is unable to pay for his/her behavioral health medications is eligible to receive primary health care services and up to 90 days of behavioral health medications at no cost. Individuals who seek assistance are referred to their local Federally Qualified Health Center (FQHC). Patients with household incomes 200 percent FPL or below are eligible to receive up to 90 days (30 Day prescription with up to two 30-day refills) of behavioral health medications for free. Individuals with household incomes above 200 percent of the FPL are eligible to purchase medications at a reduced rate through the FQHC's 340B Pharmacy. If the patient is in need of additional behavioral health services, they will be referred to a local behavioral health provider during the 90-day medication benefit period. During the first 90-day post release, individuals that utilized the program recidivate nearly three times less than non-participants with behavioral health disorders. <ul style="list-style-type: none"> ○ A question was asked about how inmates get information about the program. The response was that information about the program is posted in all waiting areas information is given to individuals at the time of booking. At the time of release, individuals are asked if they need assistance with access to medications. • SafetyNetRx also has a Behavioral Health Medication Voucher Program that provides free behavioral health medications to safety net patients of Iowa's Federally Qualified Health Centers. FQHCs may use this voucher program to assist their patients to successfully transition to care with community mental health centers or other mental health providers. Patients with household incomes 200 percent FPL or below and who are uninsured or underinsured are eligible to receive a 30-day supply of a prescribed behavioral health medication on the program

	<p>formulary.</p> <ul style="list-style-type: none"> • The Iowa Department of Corrections (DOC) Behavioral Health Medication Voucher Program allows offenders released from one of Iowa's nine DOC facilities with a household income of 200 percent FPL or below to access up to 90-days of behavioral health medications at no cost. At the time of release, the individual is provided a 30-day supply of all medications. The individual may also have prescriptions for two 30-day refills of behavioral health medications transferred to a participating community pharmacy and filled at no cost. The program is limited to mental health medications listed on the DOC Behavioral Health formulary. • The Iowa Drug Donation Repository is a program that was described that is available to any Iowan in need of medication assistance. The program allows individuals to receive medications and medical supplies for little or no cost. Donations are received from long-term care dispensing pharmacies, retail pharmacies, health providers, and individuals. The medications and supplies are inspected by a pharmacist, distributed to medical providers or pharmacies, and dispensed to Iowans in need. Iowans at or below 200 percent FPL as well as individuals who are uninsured or under-insured are eligible to receive donated drugs. Any organization or individual in the country can donate medications in their original sealed container or in tamper-evident packaging.
<p>Crossroads of Iowa</p> <p>Ruth Hardin - <i>Crossroads of Iowa</i></p> <p>Handout:</p> <ul style="list-style-type: none"> • Crossroads of Iowa-Trauma Flyer 	<ul style="list-style-type: none"> • Crossroads of Iowa is a non-profit organization whose mission is to reduce recidivism, through a residential immersion program for women ex-offenders who have completed treatment for substance addiction. The program provides services at the Polk County Jail. • The prevalence of trauma, abuse, and depression among this population of women is extremely high, and the program focuses on mental wellness using a holistic approach. • A number of different classes were described: <ul style="list-style-type: none"> ○ Finding Your Voice Class- focuses on changing the negative inner voice to a positive one. ○ Understanding Grief Class- focuses on understanding grief and identifying what state of grief they are in. ○ Journaling Class- Journals are provided as an avenue to express what they are feeling and going through.
<p>Networking Opportunity</p>	<ul style="list-style-type: none"> • The 31st Annual Des Moines Civil & Human Rights Symposium is being held on March 15, 2017 at Des Moines University. The theme for this year's symposium is "Poverty Affects All of Us". Click here for more information. • Discussion took place about future Council meeting topics addressing social determinants of health. Council members are interested in having a future meeting focused on discrimination and equality.
<p>Next Meeting: Friday, May 19th, 2017 from 9:30 – 3:00 at the West Des Moines Learning Resources Center</p>	

2017 Meeting Dates

- Friday, February 10- Polk County River Place
- Friday, May 19- West Des Moines Learning Resource Center
- Friday, August 11- Polk County River Place
- Friday, November 3- Polk County River Place